

**Title 46**  
**PROFESSIONAL AND**  
**OCCUPATIONAL STANDARDS**

**Part XLV. Medical Professions**

**Subpart 1. General**

**Subchapter J. Midwives Fees**

**§201. Scope of Subchapter**

A. The rules of this Subchapter prescribe the fees and costs applicable the licensing of midwives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1281, 37:1277, 37:3243 and 37:3242.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:908 (November 1984).

**§203. Licenses and Permits**

A. For processing an application for a midwifery license, a fee of \$200 shall be payable to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3240-3257, 37:1270, 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:908 (November 1984), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:236 (February 2004).

**§205. Renewal**

A. For processing an application for biannual renewal of a midwifery license, a fee of \$100 shall be payable to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3240-3257, 37:1270, 37:1281.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:236 (February 2004).

**Title 46**  
**PROFESSIONAL AND**  
**OCCUPATIONAL STANDARDS**

**Part XLV. Medical Professions**

**Subpart 2. Licensure and**  
**Certification**

**Chapter 23. Licensed Midwives**

**Subchapter A. General**  
**Provisions**

**§2301. Scope of Chapter**

A. The rules of this Chapter govern the licensing of midwife practitioners to engage in the practice of midwifery in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:513 (August 1986), amended LR 17:779 (August 1991).

**§2303. Definitions**

A. As used in this Chapter, the following terms shall have the meanings specified.

*Applicant*—a person who has applied to the board for a license to engage in the practice of midwifery or for a permit as an apprentice midwife in the state of Louisiana.

*Application*—a written request directed to and received by the board, upon forms supplied by the board, for a license or permit to practice midwifery in the state of Louisiana, together with all information, certificates, documents, and other materials required by the board to be submitted with such forms.

*Apprentice Midwife*—any person who is granted a permit to obtain the educational and clinical experience required to apply for a license.

*Board*—the Louisiana State Board of Medical Examiners.

*Certified Nurse-Midwife*—a registered nurse who has been certified by the American College of Nurse-Midwives.

*Department*—the Louisiana Department of Health and Hospitals.

*Licensed Midwife Practitioner*—a person who has completed all the requirements of the board including the prescribed education and experience,

has passed the licensing examination, and is licensed to practice midwifery in the state of Louisiana.

*Louisiana Advisory Committee on Midwifery*—the committee constituted and appointed pursuant to R.S. 37:3242.

*Midwife*—a person who gives care and advice to a woman during pregnancy, labor, and the postnatal period and who is capable of conducting vaginal deliveries in uncomplicated pregnancies on her own.

*Midwifery Instructor*—a physician licensed to practice medicine in the state of Louisiana, certified nurse-midwife, or licensed midwife who has a formal training and supervisory relationship with an apprentice midwife.

*Physician*—a person licensed to practice medicine who is actively engaged in a clinical obstetrical practice and has hospital privileges in obstetrics in a hospital accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

*Practice of Midwifery*—holding oneself out to the public as being engaged in the business of attending, assisting, or advising a woman during the various phases of the interconceptional and childbearing periods, with the supervision of a physician who is actively engaged in a clinical practice of obstetrics and has hospital privileges in obstetrics in a JCAHO accredited hospital.

*Supervision of a Physician*—the client shall be seen by a physician for physical examination at least once during the first or second trimester of pregnancy and again at least once within the last four weeks of pregnancy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:513 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter B. Qualifications for Licensure**

### **§2305. Scope of Subchapter**

A. The rules of this Subchapter govern the licensing of midwives who in order to become licensed midwife practitioners must meet all of the criteria provided by this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:513 (August 1986), amended LR 17:779 (August 1991).

### **§2307. Qualifications for License**

A. To be eligible for licensure as a licensed midwife, an applicant shall:

1. be at least 21 years of age and shall have graduated from high school;
2. be a citizen of or lawfully authorized to reside and be employed in the United States;
3. be currently certified in basic cardiopulmonary resuscitation (CPR);
4. have demonstrated competence in the basic sciences of human anatomy, human physiology, biology, psychology, and nutrition in the manner prescribed by §2353 of this Chapter;
5. have completed a course of study in the theory of pregnancy and childbirth as provided by §2355;
6. have met, within four years prior to the date of application, the following requirements for practical clinical experience prescribed by §2357 of this Chapter;
7. have demonstrated professional competence in the practice of midwifery by passing an examination administered by the board; and
8. cause to be submitted to the board four written recommendations of the applicant for licensure, one by a physician or certified nurse-midwife, one by a licensed midwife, one by a consumer of midwifery services, and one by a member of the community in which the applicant resides.

B. The burden of satisfying the board as to the qualifications and eligibility of the applicant for licensure shall be upon the applicant. An applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by, and to the satisfaction of, the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:513 (August 1986), amended LR 17:779 (August 1991).

### **§2309. Procedural Requirements**

A. In addition to the substantive qualifications specified in §2307, to be eligible for a license, an applicant shall satisfy the procedures and requirements for application provided by §§2311 to 2315 of this Chapter and the procedures and requirements for examination administered by the board provided by §§2319 to 2333 of this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter C. Application**

### **§2311. Purpose and Scope**

A. The rules of this Subchapter govern the procedures and requirements applicable to application to the board for licensure as a licensed midwife practitioner in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended LR 17:779 (August 1991).

### **§2313. Application Procedure**

A. Application for unrestricted licensing shall be made upon forms supplied by the board.

B. An initial application must be received by the board on or before March 31 if the applicant desires to sit for the June administration of the licensure examination, or on or before August 31 if the applicant desires to sit for the December administration of the examination. Completed applications must be received by the board on or before April 30 or October 31 respectively, in order for an applicant to be eligible to sit for the June or December administration of the examination.

C. Application forms and instructions pertaining thereto may be obtained upon written request directed to the office of the board, Suite 100, 830 Union Street, New Orleans, LA, 70112. Application forms will be mailed by the board within 30 days of the board's receipt of request therefor. To ensure timely filing and completion of application, forms must be requested not later than 40 days prior to the deadlines for initial application specified in §2313.B.

D. An application for licensing under this Chapter shall include:

1. proof, documented in a form satisfactory to the board as specified by the secretary, that the applicant possesses the qualifications set forth in this Chapter;
2. three photographs of the applicant; and
3. such other information and documentation as the board may require to evidence qualification for licensing.

E. All documents required to be submitted to the board must be the original thereof. For good cause shown, the board may waive or modify this requirement.

F. The board may refuse to consider any application which is not complete in every detail, including submission of every document required by the application form. The board may, in its discretion, require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

G. Each application submitted to the board shall be accompanied by the applicable fee, as provided in Chapter 1 of these rules.

H. Upon submission of or concurrently with submission of a completed application, an applicant shall, by appointment, make a personal appearance before the board, or its designee, as a condition to the board's consideration of such application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3240-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended 17:779 (August 1991), LR 30:236 (February 2004).

### **§2315. Effect of Application**

A. The submission of an application for licensing to the board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated, each state or federal agency to which the applicant has applied for license, permit, certificate, or registration, each physician or certified nurse-midwife who has supervised the applicant's clinical experience, each person, firm, corporation, trainer, education service, or institution from whom the applicant has received instruction in the basic sciences or the theory of pregnancy and childbirth, each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership to disclose and release to the board any and all information and documentation concerning the application which the board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the board shall equally constitute and operate as a consent by the applicant to the disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of

confidentiality which the applicant would otherwise possess with respect thereto.

B. By submission of an application for licensing to the board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the board and to waive all objections as to the admissibility or disclosure of findings, reports, or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

C. The submission of an application for licensing to the board shall constitute and operate as an authorization and consent by the applicant to the board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the board from other persons, firms, corporations, associations, or governmental entities pursuant to §2315.A or B to any person, firm, corporation, association, or governmental entity having a lawful, legitimate, and reasonable need therefore, including, without limitation, the midwife licensing authority of any state; the Federal Drug Enforcement Agency; the Louisiana Office of Narcotics and Dangerous Drugs, Division of Licensing and Registration, Department of Health and Hospitals; and Federal, state, county or parish, and municipal health and law enforcement agencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter D. Examination**

### **§2317. Scope of Examination**

A. The examination administered by the board pursuant to R.S. 37:3244.C(4) shall be administered by the board in two parts. A written examination shall be administered to test the applicant's knowledge of basic sciences, theory regarding pregnancy and childbirth, and clinical judgment in licensed midwifery management. A practical examination shall be administered to test the applicant's mastery of skills necessary for the practice of licensed midwifery.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended LR 17:779 (August 1991).

### **§2319. Eligibility for Examination**

A. To be eligible for examination by the board, an applicant shall possess all qualifications for licensure prescribed by §2307.A, save for the examination requirement itself. Satisfactory evidence shall include verification by the physician, or certified nurse-midwife or licensed midwife who supervised the applicant's clinical experience that the applicant has evidenced the skills essential to the practice of midwifery during her apprenticeship.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:514 (August 1986), amended LR 17:779 (August 1991).

### **§2321. Dates, Places of Examination**

A. The board's examinations are administered semiannually, in June and December, in the city of New Orleans. Applicants shall be advised of the specific dates, times, and locations of the next scheduled examination upon application to the board and may obtain such information upon inquiry to the office of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2323. Administration of Examination**

A. The board's examinations are administered by a chief proctor, appointed by the board, and several assistant proctors. The chief proctor is authorized and directed by the board to obtain positive photographic identification from all applicants appearing and properly registered for the examination, to establish and require examinees to observe an appropriate seating arrangement, to provide appropriate instructions for taking the examination, to fix and signal the time for beginning and ending the several sections of the examination, to prescribe such additional rules and requirements as are necessary or appropriate to the taking of the examination in the interest of the examinees or the examination process, and to take all necessary and appropriate actions to secure the integrity of the examination and the examination process, including without limitation, excluding an applicant from the examination or changing an applicant's seating location at any time during the examination.

B. An applicant who appears for examination shall:

1. present to the chief proctor or his designated assistant proctor proof of registration for the

examination and positive personal photographic and other identification in the form prescribed by the board; and

2. fully and promptly comply with any and all rules, procedures, instructions, directions, or requests made or prescribed by the chief proctor or any assistant proctor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2325. Subversion of Examination Process**

A. An applicant-examinee who engages or attempts to engage in conduct which subverts or undermines the integrity of the examination process shall be subject to the sanctions specified in §2329 of this Subchapter.

B. Conduct which subverts or undermines the integrity of the examination process shall be deemed to include:

1. refusing or failing to fully and promptly comply with any rules, procedures, instructions, directions, or requests made or prescribed by the chief proctor or an assistant proctor;

2. removing from the examination room or rooms any of the examination materials;

3. reproducing or reconstructing, by copying, duplication, written notes, or electronic recording, any portion of the examination;

4. selling, distributing, buying, receiving, obtaining, or having unauthorized possession of a future, current, or previously administered examination;

5. communicating in any manner with any other examinee or any other person during the administration of the examination;

6. copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the examination;

7. having in one's possession during the administration of the examination any materials or objects other than the examination materials distributed, including, without limitation, any books, notes, recording devices, or other written, printed, or recorded materials or date of any kind;

8. impersonating an examinee by appearing for and as an applicant and taking the examination for, as and in the name of an applicant other than himself;

9. permitting another person to appear for and take the examination on one's behalf and in one's name; or

10. engaging in any conduct which disrupts the examination or the taking thereof by other examinees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2327. Finding of Subversion**

A. When during the administration of examination, the chief proctor or any assistant proctor has reasonable cause to believe that an applicant-examinee is engaging or attempting to engage, or has engaged or attempted to engage, in conduct which subverts or undermines the integrity of the examination process, the chief proctor shall take such action as he deems necessary or appropriate to terminate such conduct and shall report such conduct in writing to the board.

B. In the event of suspected conduct described by §2325.B.5 or 6, the subject applicant-examinee shall be permitted to complete the examination, but shall be removed at the earliest practical opportunity to a location precluding such conduct.

C. When the board, upon information provided by the chief proctor or an assistant proctor, an applicant-examinee or any other person, has probable cause to believe that an applicant has engaged or attempted to engage in conduct which subverts or undermines the integrity of the examination process, the board shall so advise the applicant in writing, setting forth the grounds for its finding of probable cause, specifying the sanctions which are mandated or permitted for such conduct by §2329 of this Subchapter and provide the applicant with an opportunity for hearing pursuant to R.S. 49:955-58 and applicable rules of the board governing administrative hearings. Unless waived by the applicant, the board's findings of fact, its conclusions of law under these rules and its decision as to the sanctions, if any, to be imposed shall be made in writing and served upon the applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2329. Sanctions for Subversion of Examination**

A. An applicant who is found by the board, prior to the administration of the examination, to have

engaged in conduct or to have attempted to engage in conduct which subverts or undermines the integrity of the examination process may be permanently disqualified from taking the examination and for permit to be an apprentice or for licensure as a licensed midwife practitioner in the state of Louisiana.

B. An applicant-examinee who is found by the board to have engaged or to have attempted to engage in conduct which subverts or undermines the integrity of the examination process shall be deemed to have failed the examination. Such failure shall be recorded in the official records of the board.

C. In addition to the sanctions permitted or mandated by §2329.A or B, as to an applicant-examinee found by the board to have engaged or to have attempted to engage in conduct which subverts or undermines the integrity of the examining process, the board may:

1. revoke, suspend, or impose probationary conditions on any license or permit issued to such applicant;
2. disqualify the applicant, permanently or for a specified period of time, from eligibility for permit or licensure in the state of Louisiana; or
3. disqualify the applicant, permanently or for a specified number of subsequent administrations of the examination, from eligibility for examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2331. Passing Score**

A. An applicant will be deemed to have successfully passed the examination if a score of at least 75 percent is attained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2333. Restriction, Limitation on Examinations**

A. A passing score must be attained by an applicant upon completion of all sections of the examination taken during a single administration of the entire examination. An applicant who fails the examination but who meets all other requirements may retake the examination three additional times, provided, however, that an applicant who has failed the examination on two occasions shall not be eligible to take the examination thereafter until the

applicant has completed not less than three months of additional educational or clinical instruction, courses, or programs as prescribed and approved by the board.

B. An applicant having failed to attain a passing score upon taking the examination four times shall not be considered for permit or licensing and shall not be eligible to take the examination again.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:515 (August 1986), amended LR 17:779 (August 1991).

### **§2335. Lost, Stolen, or Destroyed Examinations**

A. The submission of an application for examination by the board shall constitute and operate as an acknowledgment and agreement by the applicant that the liability of the board, its members, employees and agents, and the state of Louisiana to the applicant for the loss, theft, or destruction of all or any portion of an examination taken by the applicant, prior to the reporting of scores thereon, other than by intentional act, shall be limited exclusively to the refund of the fees paid for examination by the applicant.

B. In the event that one or more of the sections of the examination taken by an applicant are lost, stolen, or destroyed prior to the reporting of the applicant's scores thereon, such applicant shall be permitted by the board to sit for and take such sections at either of the next two successively scheduled administrations of the examination, and such scores or averages as the applicant attains on such sections shall be averaged with the sections on which scores were previously reported in computing the applicant's score which shall be accepted by the board notwithstanding §2333.A of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter E. Restricted Licensure, Apprentice Permits**

### **§2337. Restricted Licensure in General**

A. With respect to applicants who do not meet or possess the practical experience requirements necessary for licensure, the board shall issue an apprentice permit which would authorize the applicant to obtain, under supervision, the required practical experience.

B. Receipt of an apprentice permit shall not be construed to provide any right or entitlement whatsoever to licensure as a licensed midwife practitioner or to engage in the independent practice of midwifery.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

### **§2339. Apprentice Permits**

A. An apprentice permit authorizes the permit holder to obtain the practical experience required for licensure under the supervision of a physician, certified nurse-midwife, or licensed midwife.

B. An apprentice permit shall be issued by the board to an applicant who possesses all of the qualifications for licensure as a licensed midwife specified by §2307.A.1-3 of these rules and who submits to the board, on a form furnished or approved by the board, written verification of a contractual relationship with a physician, certified nurse-midwife, or licensed midwife who shall assume responsibility for instructing and supervising the apprentice in accordance with the rules and regulations of this Chapter and of Chapter 53 of these rules.

C. A senior apprentice permit shall be issued by the board to an applicant who:

1. possesses an apprentice permit;
2. provides documentation satisfactory to the board that he or she has clinical experience equivalent to not less than one-half of the experience prescribed by §2357 of these rules; and
3. causes to be submitted to the board the written certification and opinion of the applicant's supervising physician, certified nurse-midwife, or licensed midwife that the applicant has obtained sufficient theory and supervised clinical experience under the supervision of the midwifery instructor to permit general, rather than direct, supervision of the applicant's continuing clinical experience.

D. An apprentice permit shall expire and become null and void on any date that the apprentice's relationship with his or her supervising physician, certified nurse-midwife, or licensed midwife is terminated.

E. An apprentice permit shall be issued by the board within 15 days following the meeting of the board next following the date on which all of the

requisite documented evidence is received by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter F. License Issuance, Termination, Renewal, Reinstatement**

### **§2341. Issuance of License**

A. If the qualifications, requirements, and procedures prescribed or incorporated by §§2307 to 2309 are met to the satisfaction of the board, the board shall issue to the applicant a license to engage in the practice of midwifery in the state of Louisiana.

B. A license issued under §2307 of this Chapter shall be issued by the board within 30 days following the reporting of the applicant's score on the examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

### **§2343. Expiration of Licenses and Permits**

A. Every license or permit issued by the board under this Chapter, the expiration date of which is not stated thereon or provided by these rules, shall expire, and thereby become null, void, and to no effect, on the last day of March of the second calendar year following the year in which such license or permit was issued.

B. The timely submission of an application for renewal of a license, or a permit, as provided by §2345 of this Chapter, shall operate to continue the expiring license or permit in full force and effect pending issuance or denial of the renewal license or permit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

### **§2345. Renewal of License**

A. Every license issued by the board under this Chapter shall be renewed biannually on or before its date of expiration by submitting to the board an application for renewal, upon forms supplied by the board, together with the renewal fee prescribed in Chapter 1 of these rules.

B. An application for renewal of license form shall be mailed by the board to each person holding a license issued under this Chapter on or before the first day of December next preceding the date of expiration. Such form shall be mailed to the most recent address of each licensee as reflected in the official records of the board.

C. Any person who files for renewal of licensure shall present a current certification in cardiopulmonary resuscitation (CPR) of the adult and newborn and shall be required to show proof of completion of 20 contact hours of continuing education as approved by the board, in accordance with §§2361-2364 of these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3240-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991), LR 30:236 (February 2004).

#### **§2347. Revocation of License**

A. Except as provided by §2343.B of these rules, any license not renewed on or before its expiration date shall be revoked within 30 days of expiration following written notification by certified mail.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

#### **§2349. Reinstatement of License**

A. A license which has been revoked may be reinstated upon application for reinstatement on forms supplied by the board.

B. Any person who files for licensure or reinstatement after the first day of April and before the first day of May of the year in which the license expires shall be required to pay a late fee of \$50 in addition to the applicable renewal fee.

C. Any person who has not filed for renewal or reinstatement of licensure by the first day of May next following the date of expiration shall be required to pay a late fee of \$100 if application for reinstatement is made within one year of the date of expiration or a fee of \$200 if application for reinstatement is made within two years of the date of expiration, provided that the applicant demonstrates satisfaction of the continuing education requirements prescribed by §§2361-2364 of these rules. A midwife whose license has lapsed and expired for a period in excess of two years may apply to the board for an initial original license pursuant to the applicable rules of this Chapter.

D. Upon application to the board made within the time prescribed for renewal of licensure, a midwife practitioner's license may be placed on inactive status for a maximum of four years. During the period that a midwife practitioner's license is on inactive status, the midwife practitioner may not engage in the practice of midwifery in this state. The license of a midwife practitioner whose license is on inactive status may be reinstated to active status upon application to the board, provided that the applicant demonstrates satisfaction of the continuing education requirements prescribed by §§2361-2364 of these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

### **Subchapter G. Education**

#### **§2351. Courses of Study**

A. Every applicant seeking licensure must successfully demonstrate competency in the basic sciences of human anatomy, human physiology, biology, psychology, and nutrition, as prescribed by §2353, and complete a course on the theory of pregnancy and childbirth, in clinical instructions in midwifery.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

#### **§2353. Basic Sciences**

A. Every applicant seeking licensure must, as a condition of eligibility for licensure, demonstrate cognitive competence in the basic sciences of human anatomy, human physiology, biology, psychology, and nutrition by evidencing successful completion of:

1. one college-level course in each of such subjects in an accredited college or university; or
2. such other educational instruction, courses, or programs in such subjects as may be approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

#### **§2355. Theory of Pregnancy and Childbirth**

A. The board shall, on the advice of the Louisiana Advisory Committee on Midwifery, maintain and



periodically revise a list of approved courses, texts, and trainers covering the subject matters which shall comprise a course of study in the theory of pregnancy and childbirth. The board may use the list as a guideline in determining the acceptability of a non-listed educational source which an applicant submits as complying with any required subject matter. All or part of the course may be obtained through self-study.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:516 (August 1986), amended LR 17:779 (August 1991).

### **§2357. Clinical Experience**

A. Clinical experience in midwifery is required of every applicant for licensure and may be obtained in a variety of settings, including medical offices, clinics, hospitals, maternity centers, and in the home. Clinical experience must include instruction in basic nursing skills, including vital signs, perineal preparation, enema, urethral catheterization, aseptic techniques, administration of medication orally and by injection, local infiltration for anesthesia, administration of intravenous fluids, venipuncture, infant and adult resuscitation, fetal heart tones, edema, routine urinalysis, and currying and repair of episiotomy.

B. The clinical experience requisite to licensure shall include care of women in the antepartum, intrapartum, and postpartum periods. Clinical practice must include at least the following types of numbers of experiences (with out-of-hospital births making up at least one-half of the clinical experience):

1. 100 prenatal visits on at least 25 different women;
2. attendance at the labor and delivery of at least 15 live births as an observer or assistant attendant;
3. management of the labor and delivery of newborn and placenta for at least 15 births as the primary birth attendant;
4. 25 newborn examinations;
5. 25 postpartum evaluations of mother and baby in home or hospital within 36 hours of delivery;
6. five repairs of lacerations in addition to any practice on non-human subjects;
7. five observations of in-house births involving high-risk obstetric care, provided, however, that this requirement may be waived by the board upon demonstration and documentation by the

applicant that opportunity for such observations was not reasonably available to the applicant notwithstanding the applicant's diligent, good faith efforts to obtain opportunity for such observations; and

8. observation of one complete series of at least six prepared childbirth classes offered by an approved provider.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

### **§2359. Supervision of Clinical Experience**

A. Apprentice licensed midwife practitioners must obtain their clinical experience under the immediate personal supervision of a physician, certified nurse-midwife, or a licensed midwife.

B. Senior apprentice midwives may obtain the clinical experience requisite to licensure under the direction and general supervision of a physician, certified nurse-midwife, or licensed midwife.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

## **Subchapter H. Continuing Education**

### **§2361. Scope of Subchapter; Continuing Education Requirement**

A. The rules of this Subchapter provide standards for the continuing education requisite to renewal of renewal of any license or permit issued under this Chapter, as required by R.S. 37:3245 and §2345 of these rules, and prescribe the procedures applicable to documentation of continuing education in connection with application for renewal of licensure or permit.

B. To be eligible for renewal of licensure or apprentice permit, a licensed midwife or apprentice midwife shall document, upon forms supplied by the board, successful completion of not less than 20 contact hours of continuing education obtained since such license or permit was last issued, reinstated, or renewed. As used in this Subchapter, "contact hour" means 50 to 60 minutes of participation in an organized learning experience under responsible sponsorship, capable direction, and qualified instruction, as approved by the board, or two hours of

planned and supervised clinical practice designed to meet professional educational objectives.

C. To be acceptable as qualified continuing education under these rules, an activity or program must have significant intellectual, practical, or clinical content, dealing primarily with matters related to midwifery, and its primary objective must be to maintain or increase the participant's competence as a midwife.

D. The following programs and activities are illustrative of the types of programs and activities which shall be deemed to be qualifying continuing education activities and programs for purposes of this Subchapter, provided, in each case, that the activity or program meets the standards prescribed by §2361.A:

1. attendance at or participation in meetings, conferences, workshops, seminars, or courses, such as programs conducted, sponsored, or approved for continuing education credit by the American Medical Association, the American College of Obstetricians and Gynecologists, the American Nurse Association, the Association of Certified Nurse Midwives, and the Midwives Alliance of North America;

2. presentation or conduct of a course, seminar, or workshop sponsored by an organization or entity approved by the board, provided that such presentation is accompanied by thorough written materials or a comprehensive outline relating to the course, seminar, or workshop;

3. teaching of a course in or directly related to midwifery at an accredited educational institution, provided that such teaching is not performed in the ordinary course of the licensed midwife's or apprentice midwife's usual and ordinary employment;

4. publication, in a national, regional, or statewide scientific journal or other publication of a related profession, of an original written work, related to the maintenance or improvement of midwifery knowledge or skills;

5. completion of a course of postsecondary, graduate, or postgraduate study undertaken and completed at an accredited educational institution;

6. assuming responsibility for and discharging supervision of an apprentice for not less than six months.

E. The Louisiana Advisory Committee on Midwifery (the "Advisory Committee") shall have the authority and responsibility to:

1. evaluate organizations and entities providing or offering to provide continuing education programs

for licensed midwives and apprentice midwives and provide recommendations to the board with respect to the board's recognition and approval of such organizations and entities as sponsors of qualifying continuing education programs and activities;

2. review documentation of continuing education by licensed midwives and apprentice midwives, verify the accuracy of such information, and evaluate and make recommendations to the board with respect to whether programs and activities evidenced by applicants for renewal of certification comply with and satisfy the standards for such programs and activities prescribed by these rules; and

3. request and obtain from applicants for renewal of licenses and permits such additional information as the Advisory Committee may deem necessary or appropriate to enable it to make the evaluations and provide the recommendations for which the Advisory Committee is responsible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

#### **§2362. Documentation Procedure**

A. A form for documenting and certifying the completion of continuing education as required by these rules shall be mailed by the board to each licensed midwife and apprentice midwife subject to continuing education requirements with the application for renewal of license/permit form. Such form shall be completed and delivered to the board with the licensed midwife's or apprentice midwife's renewal application.

B. Certification of continuing education activities shall be referred to the Advisory Committee for its evaluation and recommendations pursuant to §2361.E.2. If the Advisory Committee determines that an activity certified by an applicant for renewal in satisfaction of continuing education requirements does not qualify for recognition by the board or does not qualify for the number of continuing education contact hours claimed by the applicant, the board shall give notice of such determination to the applicant for renewal and the applicant may appeal the Advisory Committee's recommendation to the board by written request delivered to the board within 10 days of such notice. The board's decision with respect to approval and recognition of any such activity shall be final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§2363. Failure to Satisfy Continuing Education Requirements**

A. An applicant for renewal of a license or permit who fails to evidence satisfaction of the continuing education requirements prescribed by these rules shall be given written notice of such failure by the board. The license or permit of the applicant shall remain in full force and effect for a period of 60 days following the mailing of such notice, following which it shall be deemed expired, unrenewed, and subject to revocation without further notice, unless the applicant shall have, within such 60 days, furnished the board satisfactory evidence, by affidavit, that:

1. the applicant has satisfied the applicable continuing education requirements;
2. the applicant is exempt from such requirements pursuant to these rules; or
3. the applicant's failure to satisfy the continuing education requirements was occasioned by disability, illness, or other good cause as may be determined by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§2364. Waiver of Requirements**

A. The board may, in its discretion and upon the recommendation of the Advisory Committee, waive all or part of the continuing education required by these rules in favor of a licensed midwife or apprentice midwife who makes written request for such waiver to the board and evidences to the satisfaction of the board a permanent physical disability, illness, financial hardship, or other similar extenuating circumstances precluding satisfaction of the continuing education requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

## **Subchapter I. Prohibitions and Revocation of License**

### **§2365. Unlawful Practice**

A. No person shall use in connection with his or her name or place of business the words "licensed

midwife," "licensed midwife practitioner," the initials "LM," "LMP" or any other words, letters, or insignia indicating or implying that he or she is a licensed midwife practitioner or represent himself or herself as such in any way orally, in writing, in print, or by sign directly or by implication unless he or she has been licensed as such under the provisions of these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

### **§2367. Revocation of License**

A. The board may refuse to issue, suspend for a definite period, or revoke a license for any of the following causes:

1. dereliction of any duty imposed by law;
2. incompetence as determined by local midwifery standards;
3. conviction of a felony;
4. practicing while suffering from a communicable disease, as defined by R.S. 2:0001, which may be spread to a pregnant woman or to her newborn child during delivery or after birth;
5. practicing under a false name or alias;
6. violation of any of the standards of practice set forth herein;
7. obtaining any fee by fraud or misrepresentation;
8. knowingly employing, supervising, or permitting, directly or indirectly, any person or persons not an apprentice or licensed midwife to perform any work covered by these regulations;
9. using or causing or promoting the use of any advertising matter, promotional literature, testimonial, or any other representation, however disseminated or published, which is misleading or untruthful;
10. representing that the service or advice of a person licensed to practice medicine will be used or made available when that is not true or using the words "doctor," or similar words, abbreviations, or symbols so as to connote the medical profession, when such is not the case;
11. permitting another to use the license;
12. delinquency in submission of application and supporting documents for license renewal of 30 days or more;

13. obtaining licensure by means of fraud, misrepresentation, or concealment of material facts;

14. fraud or deceit in connection with services rendered; or

15. violating any lawful order, rule, or regulation rendered or adopted by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

#### **§2369. Penalties**

A. If a person licensed to practice midwifery under the provisions of these regulations is found guilty of violating any provisions of these regulations, the board may fine the midwife a sum of not more than \$1,000 and may suspend or revoke the license of the midwife practitioner.

B. The board may cause an injunction to be issued in any court of competent jurisdiction enjoining any person from violating the provisions of these regulations. In a suit for injunction, the court may issue a fine of not less than \$100 against any person found in violation of the provisions of these regulations plus court costs and attorney's fees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:517 (August 1986), amended LR 17:779 (August 1991).

#### **§2371. Hearing**

A. Any person who is disciplined or denied a license or has a license suspended or revoked or is otherwise penalized under these regulations will be notified in writing and afforded the opportunity of a hearing conducted pursuant to the Louisiana Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:518 (August 1986), amended LR 17:779 (August 1991).

#### **§2373. Persons Not Affected**

A. Any person authorized by the Louisiana State Board of Nursing to practice as a certified nurse-midwife in the state shall not be affected by the provisions of these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

12:518 (August 1986), amended LR 17:779 (August 1991).  
Title 46

## **Title 46**

# **PROFESSIONAL AND OCCUPATIONAL STANDARDS**

## **Part XLV. Medical Professions**

### **Subpart 3. Practice**

## **Chapter 53. Licensed Midwives**

### **Subchapter A. Standards of Practice**

#### **§5301. Scope of Practice**

A. Licensed midwife practitioners may provide care only to low risk clients determined by physician evaluation and examination to be prospectively normal for pregnancy and childbirth, and at low risk for the development of medical complications. Licensed midwife practitioners shall provide such care with the supervision of a physician who is actively engaged in the practice of obstetrics.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5303. Skills**

A. All licensed midwives shall have the skills necessary for safe practice, including the ability to assess, monitor on an ongoing basis, and manage normal antepartum, intrapartum, and postpartum situations; perform newborn evaluations; identify and assess maternal, fetal, and infant deviations from normal; provide effective lifesaving measures, including CPR; manage emergency situations appropriately; establish and maintain aseptic techniques and master basic observational skills and those special observational skills required for out-of-hospital deliveries.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5305. Community Resources**

A. The licensed midwife practitioner must be familiar with community resources for pregnant women such as prenatal classes, the parish health unit and supplemental food programs. The client shall be referred to such resources as appropriate and encouraged to take a prepared childbirth, preferably one oriented toward home birth.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5307. Appropriate Equipment**

A. All licensed midwife practitioners shall have available, for their immediate use, appropriate birthing equipment, including equipment to assess maternal, fetal, and newborn well-being, maintenance aseptic technique, perform emergency maternal or infant resuscitation, and accomplish all permitted emergency procedures. All equipment used in the practice of midwifery shall be maintained in an aseptically clean manner, and be in good working order.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5309. Screening**

A. All midwives will use risk factor assessments of their clients in order to establish their initial and continuing eligibility for midwifery services. Clients will be informed of their risk status. All midwives have the right and responsibility to refuse and discontinue services to clients based on these risk factors and to make appropriate referrals when indicated for the protection of the mother and baby. All final decisions on risk factors will be made by the midwife and the client's backup physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5311. Initial Medical Evaluation**

A. The licensed midwife practitioner must require that the client have a physical examination by a physician and be found to be essentially normal or at low risk before her care can be assumed. The initial physician examination shall include the physical assessment procedures which meet current standards of care set forth by the American College of Obstetricians and Gynecologists (ACOG).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5313. Required Tests**

A. Initial physician examination shall include clinical pelvimetry, and the following laboratory tests: GC screen, blood group and Rh, hematocrit or hemoglobin, rubella titer, and urinalysis. Hematocrit or hemoglobin must be rechecked at 28 and 36 weeks gestation. The midwife must ensure that all women she plans to deliver receive the required tests. Additionally, if no objection is made to the taking of a VDRL test, the physician shall include such test in his examination. The midwife must ensure that the VDRL test was offered to the client.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5315. Acceptance of Clients**

A. Prior to the acceptance of a client for care, a licensed midwife practitioner shall inform the client orally and in writing that:

1. certain risks and benefits exist for home birth and certain risks and benefits exist for other childbirth alternatives, (including hospital, physician-assisted birth). The midwife is responsible for informing the client of the risks and benefits of all childbirth options to ensure informed consent;

2. regular antepartum care is required if the midwife is to attend the birth;

3. certain medical conditions and/or client noncompliance with midwife or physician recommendations may preclude midwife attendance at birth or continued midwife care during any phase of the pregnancy;

4. the client must make arrangements for the services of a backup physician located within a 50 mile radius of the client's home and the planned delivery site;

5. the midwife will develop and implement a plan for obtaining consultation from and/or referral to the client's backup physician, and will consult with the client's backup physician or transfer the client when necessary;

6. emergency transport may be required in certain situations; when situations warrant emergency transport and the hazards involved;

7. a specific written consent for out-of-hospital birth with the licensed midwife practitioner must be obtained prior to the onset of labor;

8. the client will be provided with a copy of the labor, birth, and newborn record by the midwife;

9. the midwife's agreement can be terminated at any time that the midwife deems it necessary for maintenance of the client's mental and physical safety. When termination occurs, the reasons for termination will be given in writing and an alternative source of care indicated; and

10. the client may terminate the agreement at any time.

B. Prior to accepting care for a client, the midwife shall consult with a physician who performed the medical evaluation to ensure that the client is at low or normal risk for pregnancy.

C. After accepting care, the midwife shall obtain a detailed obstetric and medical history of the client; including the results of all tests conducted during the medical evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5317. Prenatal Visits**

A. Prenatal visits should be every four weeks until 28 weeks gestation, every two weeks from 28 until 35 weeks gestation, and weekly from 36 weeks until delivery.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the

Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5319. Physician Visit**

A. Each client must be evaluated by the supervising physician at or near the thirty-sixth week. The purpose of this visit is to ensure that the client has no potentially serious medical conditions and has no medical contraindications for delivery by a licensed midwife practitioner or for home birth.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5321. Advance Preparation for Need**

A. The licensed midwife practitioner, prior to the onset of labor, must make arrangements for the transport of mother and infant to a hospital and know the client's arrangements for a backup physician and hospitalization should these needs arise.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:518 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5323. Scope of Practice**

A. The licensed midwife practitioner shall accompany to the hospital any mother or infant requiring hospitalization, giving any pertinent written records and verbal report to the physician assuming care. If possible, she should remain with the mother and/or infant to ascertain outcome. In those instances where it is necessary to continue providing necessary care to the party remaining in the home, the midwife may turn over the care of the transport of mother or child to qualified emergency or hospital personnel. All necessary written records shall be forwarded with such personnel and a verbal report must be given.

B. For home birth, the licensed midwife practitioner will make a home visit three to five weeks prior to the Estimated Date of Confinement (EDC) to assess the physical environment, including the availability of telephone and transportation, to ascertain whether the woman has all the necessary supplies, to prepare the family for the birth, and to instruct the family to correct problems and/or deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5327. Normal Delivery**

A. The licensed midwife practitioner shall remain with the mother and infant for at least two hours postpartum, or until the mother's condition is stable and the infant's condition is stable, whichever is longer. Maternal stability is evidenced by normal blood pressure, normal pulse, normal respirations, firm fundus, and normal lochia. Infant stability is evidenced by established respirations, normal temperature, and strong sucking.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5329. Examination and Labor**

A. The licensed midwife practitioner will not perform any vaginal examinations on a woman with ruptured membranes and no labor, other than an initial examination to be certain that there is no prolapsed cord. Once active labor is assured in progress, exams may be made as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5331. Operative Procedures**

A. The licensed midwife practitioner will not perform, routinely, an operative procedure other than artificial rupture of membranes when the head is well engaged or at zero station, clamping and cutting the umbilical cord, repair of first or second degree perineal lacerations, or repair of episiotomy, if done.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5333. Medications**

A. A midwife licensed under this Chapter shall administer an eye prophylaxis to prevent infant blindness which is authorized by the department and

may administer the following medications under the conditions indicated:

1. oxygen for fetal distress, infant resuscitation;
2. local anesthetic, by infiltration, only for the purpose of postpartum repair of tears, lacerations, or episiotomy (no controlled substances);
3. vitamin K, by injection, for control of bleeding in the newborn;
4. oxytocin (pitocin or methergine) by injection or orally, only for postpartum control of maternal hemorrhage;
5. intravenous fluids (Ringer's Lactate with or without D5W, normosol-R with or without D5W) with additional medications as provided by a physician's order or protocol to control maternal hemorrhage.

B. A midwife licensed under these regulations may lawfully have possession of small quantities of the above-named medications and the equipment normally required for administration. Each use of medication shall be reported in the midwife's client charts, and shall be summarized in a semi-annual reports provided to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5335. Correction of Presentation**

A. The licensed midwife practitioner will not attempt to correct fetal presentations by external or internal version nor will the midwife use any artificial, forcible, or mechanical means to assist the birth.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5337. Emergency Measures**

A. The following measures are permissible in an emergency situation:

1. cardiopulmonary-resuscitation;
2. episiotomy;

3. intramuscular administration of pitocin for the control of postpartum hemorrhage in accord with the prescription or standing order of a physician;

4. intravenous (IV) fluids and medications in accordance with the prescription or standing order of a physician.

B. When any of the above measures is utilized, it will be charted on the birth record with detail describing the emergency situation, the measure taken, and the outcome.

C. The back-up physician of any client upon whom an emergency measure is taken must be contacted by the midwife immediately upon control of the emergency situation, and the midwife shall then transfer care of the client to such physician as he may direct or request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5339. Prevention of Infant Blindness**

A. Without one hour of birth, the licensed midwife practitioner shall administer two drops of 1.0 percent solution of silver nitrate or other agent of equal effectiveness and harmlessness into the eyes of the infant in accordance with applicable state laws and regulations governing the prevention of infant blindness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5341. Birth Registration**

A. All licensed midwife practitioners shall request copies of printed instructions relating to completion of birth certificates from the Louisiana State Registrar of Vital Records. The licensed midwife practitioner must complete a birth certificate in accordance with these instructions and file it with the registrar within five days of the birth.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5343. Physician Evaluation of Newborn**

A. The licensed midwife practitioner must recommend that any infant delivered by the midwife be evaluated by a physician within three days of age or sooner if it becomes apparent that the newborn needs medical attention for problems of, but not limited to, congenital anomalies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5345. Postpartum Visits**

A. The licensed midwife practitioner shall make a postpartum visit to evaluate the condition of mother and infant within 36 hours of birth, with further visits as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5347. Record Keeping and Report Requirements**

A. All midwives shall keep accurate and complete records of all care provided and data gathered for each client. Licensed midwife practitioners shall semi-annually submit a summary report in a form prescribed by the board of the statistics of each birth attended. This report must be submitted within the months of January and July of each year. Midwives shall provide all other reports as required and mandated by the board. A copy of all submissions will be provided to members of the Louisiana Advisory Committee on Midwifery.

B. The midwife shall maintain an individual client chart for each woman under her care. The chart shall include results of laboratory tests, observations from each prenatal visit, records of consultations with physicians or other health care providers, and a postpartum report concerning labor, delivery, and condition of the newborn child. The chart shall be made available to the client upon request, and with the client's consent, to any physician or health care provider who is called in as a consultant or backup. This chart shall be kept on standard obstetric forms, or other forms approved by the board. Inactive records shall be maintained no less than 10 years. All records are subject to review by the board.



C. Evidence of the required medical evaluation and physician visits shall be maintained in the client's records.

D. The attending midwife shall prepare a summary of labor, delivery, and assessment of the newborn, using the Hollister form, or an alternate form containing substantially similar information. One copy of each summary shall be retained with the client's chart and one copy transmitted to the pediatrician or family doctor.

E. Copies of the disclosure and consent forms required by §5315 and of the report required by §5337 shall be maintained in the records.

F. The attending midwife shall make a timely report of the birth incidents to the registrar.

G. In addition to the reports required for birth and death registration, the licensed midwife must report within 48 hours to the board any fetal, neonatal, or maternal mortality in clients for whom she has cared.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:519 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5349. Statistics**

A. The board shall review all reports from licensed midwife practitioners, complete annual midwifery statistics, and make them available to all interested groups or persons.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **Subchapter B. Phases of Maternity Care**

#### **§5351. Scope of Subchapter**

A. The rules of the Subchapter govern the care that is required of the licensed midwife practitioner to address the specific needs of the client during the various phases of the interconceptional and child bearing period.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the

Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5353. Initiation of Physical Care**

A. At the visit when physical care of the client is initiated, the licensed midwife practitioner shall review the results of the medical evaluation to ensure that the client has received a general physical examination which included the taking of a comprehensive medical, obstetrical, and nutritional history sufficient to identify potentially dangerous conditions that might preclude midwife care. The midwife must ensure that the following examinations have been completed for each client: a pelvic examination to size the uterus, a speculum examination, blood pressure, routine bloodwork (CBC with differential, rubella titer, VDRL, hematocrit or hemoglobin, Rh, and antibody screening), Pap smear, height, weight, and urine testing for glucose and protein. After conducting these examinations or reviewing their results, the midwife shall make an initial nutritional assessment, counsel the clients as to the nutritional needs of mother and fetus during pregnancy and develop a comprehensive plan of care for the client which identifies all problems and need for consultation and establishes realistic health care goals.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

#### **§5355. Routine Antepartum Care**

A. At each prenatal visit, the midwife will check the client's weight, blood pressure, fundal height, urinalysis (protein and glucose), and general health, including checking for pain, bleeding, headaches, edema, dizziness, and other symptoms of preeclampsia. The midwife shall monitor uterine measurements, fetal heart tones, and fetal activity and shall obtain a medical and nutritional history since the last visit. The midwife shall conduct or arrange for additional laboratory tests as indicated, including Rh antibody screening, blood sugar screening, gonorrhea culture, and periodic hematocrit or hemoglobin screening.

B. A record of fetal heart rate and rhythm shall be made at least every 30 minutes during first stage, after each contraction in second stage and after rupture of membranes. The duration, interval, and intensity of uterine contraction and maternal blood pressure shall be recorded at least every hour and immediately after delivery.

C. During labor and delivery, the attending midwife is responsible for monitoring the condition of mother and fetus; assisting with the delivery; coaching labor; repairing minor tears as necessary; examining and assessing the newborn; inspecting the placenta, membranes, and cord vessels; inspecting the cervix and upper vaginal vault, if indicated; and managing any third-stage material bleeding.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5357. Routine Postpartum Care**

A. The licensed midwife practitioner shall remain in attendance for at least two hours after the delivery.

B. Immediately following delivery of the placenta, the midwife must determine that the uterus is firmly contracted without excessive bleeding. The uterus should be massaged firmly to stimulate contraction if relaxation is noted.

C. In case of an unsensitized Rh negative mother, the midwife shall obtain a sample of cord blood from the placenta and arrange for testing within 24 hours of the birth and ensure referral to back-up physician so that the mother receives Rh immunoglobulin as indicated within 72 hours of delivery.

D. The midwife shall provide the client with information concerning routine postpartum care of the mother and infant, including information on breast-feeding, care of navel, and perinatal care.

E. The midwife shall recommend that the parents immediately contact the pediatrician or family doctor who will be assuming care for the infant to arrange for a neonatal examination. The midwife shall provide the doctor with her written summary of labor, delivery, and assessment of the newborn and shall be available to consult with the doctor concerning the infant's condition.

F. The midwife shall make a postpartum contact within 36 hours of birth, with further visits as necessary. The purpose of these contacts is to ascertain that the infant is alert, has good color, is breathing well, and is establishing a healthy pattern of waking, feeding, and sleeping and that the mother is not bleeding excessively, has a firm fundus, does not have a fever or other signs of infection, is voiding properly, and is establishing successful breastfeeding. In the event that any complications arise, the midwife shall consult with a physician or other appropriate

health care provider or shall ensure that the client contacts her own physician.

G. The midwife may conduct a postpartum office visit not later than six weeks postpartum, to include a recommendation for rubella vaccine if indicated, counseling concerning contraception and answering any other questions that have arisen. Alternatively, the client may be referred back to her primary care physician or other health care provider for this care.

H. The midwife shall encourage the mother to have a postpartum evaluation conducted by a physician within two to six weeks after delivery.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5359. Required Newborn Care**

A. The licensed midwife practitioner shall be responsible for care immediately following the delivery only. Subsequent infant care should be managed by a physician or a physician/registered nurse team. This does not preclude the midwife from providing counseling regarding routine newborn care and breastfeeding and arranging for the neonatal tests required by state law. If any abnormality is suspected, the newborn must be sent for medical evaluation as soon as possible.

B. Immediately following delivery the midwife shall:

1. wipe face, then suction (with bulb syringe) mouth and nose if necessary;
2. prevent heat loss by the neonate;
3. determine Apgar scores at one and five minutes after delivery;
4. observe and record: skin color and tone, heart rate and rhythm, respiration rate and character, estimated gestational age (premature, term, or post-mature), weight, length, and head circumference.

C. The midwife shall ensure that a medically acceptable drug for eye prophylaxis is available at the time of delivery and take appropriate measures designed to prevent infant blindness.

D. The midwife is responsible for ensuring and documenting that a PKU test and all other neonatal tests required by state law are performed on the infant between 24 hours and no later than 14 days after birth. If any of the tests are positive, the midwife shall notify the department. If the parents object to

such tests being performed on the infant, the midwife shall document this objection.

E. The midwife shall leave clear instructions for follow-up care including signs and symptoms of conditions that require medical evaluation.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:520 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

## **Subchapter C. Risk Factors**

### **§5361. Unapproved Practice**

A. The licensed midwife practitioner shall provide care only to clients determined to be at low or normal risk of developing complications during pregnancy and child birth by a supervising physician.

B. The midwife shall not knowingly accept or thereafter maintain responsibility for the prenatal or intrapartum care of a woman who:

1. has had a previous Cesarean section or other known uterine surgery such as hysterectomy or myomectomy, except upon the express approval of the board which may be granted upon individual application of the client or midwife where the client has previously been evaluated by a physician who determines that vaginal delivery represents no untoward medical/obstetrical risk for the client and is not contraindicated;

2. has a history of difficult to control hemorrhage with previous deliveries;

3. has a history of thrombophlebitis or pulmonary embolism;

4. has diabetes, hypertension, Rh disease with positive titer, active tuberculosis, active syphilis, active gonorrhea, epilepsy, hepatitis, heart disease, kidney disease, or blood dyscrasia;

5. contracts genital herpes simplex in the first trimester or has active genital herpes in the last four weeks of pregnancy;

6. has a contracted pelvis;

7. has severe psychiatric illness or a history of severe psychiatric illness in the six month period prior to pregnancy;

8. is addicted to narcotics or other drugs;

9. ingests more than 2 ounces of alcohol or 24 ounces of beer a day on a regular day or participates in binge drinking;

10. smokes 20 cigarettes or more per day, and is not likely to cease in pregnancy;

11. has a multiple gestation;

12. has a fetus of less than 37 weeks gestation at the onset of labor;

13. has a gestation beyond 42 weeks by dates and examination;

14. has a fetus in any presentation other than vertex at the onset of labor;

15. is a primigravida with an unengaged fetal head in active labor, or any woman who has rupture of membranes with unengaged fetal head, with or without labor;

16. has a fetus with suspected or diagnosed congenital anomalies that may require immediate medical intervention;

17. has preeclampsia;

18. has a parity greater than five with poor obstetrical history; or

19. is younger than 16 or a primipara older than 40.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:521 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).

### **§5363. Required Physician Consultation**

A. The midwife shall obtain medical consultation or refer for medical care any woman who during the antepartum period:

1. develops edema of the face and hands;

2. develops severe, persistent headaches, epigastric pain, or visual disturbances;

3. develops a blood pressure of 140/90 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic over her normal blood pressure;

4. does not gain 14 pounds by 30 weeks gestation or at least 4 pounds a month in the last trimester or gains more than 6 pounds in two weeks in any trimester;

5. develops glucosuria or proteinuria;

6. has symptoms of vaginitis;

7. has symptoms of urinary tract infection;

8. has vaginal bleeding before onset of labor;

9. has rupture of membranes prior to 37 weeks gestation;

10. has marked decrease in or cessation of fetal movement;

11. has inappropriate gestational size;

12. has demonstrated anemia by blood test (hematocrit less than 30 percent);

13. has a fever of 100.4°F or 38°C for 24 hours;

14. has effacement and/or dilation of the cervix prior to 36 weeks gestation;

15. has polyhydramnios or oligohydramnios;

16. has excessive vomiting or continued vomiting after 24 weeks gestation;

17. is found to be Rh negative;

18. has severe, protruding varicose veins of extremities or vulva;

19. has known structural abnormalities of the reproductive tract;

20. has a history of two or more stillbirths from any cause or of stillbirth where cause was unpreventable;

21. has an abnormal Pap smear;

22. reaches a gestation of 41 weeks by dates and examination.

B. The midwife shall obtain medical consultation or refer for medical care any woman who during the intrapartum period:

1. develops a blood pressure of 140/90 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic over her normal blood pressure;

2. develops severe headache, epigastric pain, or visual disturbance;

3. develops proteinuria;

4. develops a fever over 100.4°F or 38°C;

5. develops respiratory distress;

6. has persistent or recurrent fetal heart tones below 100 or above 160 beats per minute between or during contractions, or a fetal heart rate that is irregular;

7. has ruptured membranes without onset of labor after 12 hours;

8. has bleeding prior to delivery (other than bloody show);

9. has meconium or blood stained amniotic fluid with abnormal fetal heart tones;

10. has a presenting part other than a vertex;

11. does not progress in effacement, dilation, or station after two hours in active labor (or one hour if distance to hospital is greater than one hour);

12. does not show continued progress to deliver after two hours of second stage labor (or one hour if distance to hospital is greater than one hour);

13. does not deliver the placenta within one hour if there is no bleeding and the fundus is firm (or 30 minutes, if distance to hospital is greater than one hour);

14. has a partially separated placenta during the third stage of labor with bleeding or with a blood pressure below 100 systolic if the pulse rate exceeds 100 beats per minute or who is weak and dizzy;

15. bleeds more than 500 cc with or after the delivery of the placenta;

16. has retained placental fragment or membranes;

17. desires medical consultation or transfer.

C. The midwife shall obtain medical consultation or refer for medical care any woman who, during the postpartum period:

1. has a third or fourth degree laceration;

2. has uterine atony;

3. bleeds in an amount greater than normal lochial flow;

4. does not void within 6 hours of birth;

5. develops a fever greater than 100.4°F or 38°C on any two of the first 10 days postpartum excluding the first 24 hours;

6. develops foul smelling lochia;

7. develops blood pressure below 100/50 if pulse exceeds 100, pallor, cold clammy skin, and/or weak pulse.

D. The midwife shall obtain medical consultation or refer for medical care any infant who:

1. has an Apgar score of 7 or less at 5 minutes;

2. has any obvious anomaly;

3. develops grunting respirations, retractions, or cyanosis;

4. has cardiac irregularities;

5. has a pale, cyanotic, or grey color;
6. develops jaundice within 48 hours of birth;
7. has an abnormal cry;
8. weighs less than 5 pounds or 2,500 grams or weighs more than 9 pounds or 4,100 grams;
9. shows signs of prematurity, dysmaturity, or postmaturity;
10. has meconium staining of the placenta, cord, and/or infant with signs or symptoms of aspiration pneumonia;
11. does not urinate or pass meconium in the first 12 hours after birth;
12. is lethargic or does not feed well;
13. has edema;
14. appears weak or flaccid, has abnormal feces, or appears not to be normal in any other respect;
15. has persistent temperature below 97°F; or
16. has jitteriness not resolved after feeding.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270 and 37:3241-3257.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 12:521 (August 1986), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:779 (August 1991).